

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/438733 FILING DATE 10-29-99  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	1					
5	1					
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7	1					
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50						
TOTAL IND.	<u>23</u>					
TOTAL DEP.	<u>4</u>	↓	↓	↓	↓	↓
TOTAL CLAIMS	<u>7</u>					

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

BEST AVAILABLE COPY